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PUSHPAGHNI JATAHARINI AND PCOS: A BRIEF POSTULATION

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Abstract:

The most frequent cause of persistent anovulation linked to hyperandrogenism is polycystic ovarian syndrome, or PCOS. PCOS is the cause of almost half of infertility in women who are of childbearing age. The major feature of this diverse illness is excessive androgen synthesis by the ovaries, which disrupts the endocrine, metabolic, and reproductive systems. An obese woman experiences psychological stress as a result of her weight, and infertility results if she has PCOS. As a result, treating menstruation disorders is crucial. Although PCOS is not specifically mentioned in traditional literature, Kashyapa Samhita talks about Jataharini, which affects women at different times in their lives and can lead to a variety of anomalies pertaining to their reproductive systems. Pushpaghni Jataharini is one of those Jataharinis whose Lakshanas resemble PCOS's clinical characteristics

Keywords: *PCOS, Pushpaghni Jataharini, Infertility*

INTRODUCTION:

Ayu is defined as a samyoga of —sharira - Indriya - Satwa and jeevatma". Ayurveda is a science of life (Ayur = life, Veda = science or knowledge), not only deals with health and illness of human beings but also throws light on socio-religious and philosophical aspect with its object. It helps people to stay vibrant and healthy while realizing their full human potential.

The most common cause of hyperandrogenism-related prolonged anovulation is polycystic ovarian syndrome, or PCOS. Nearly 50% of infertility in women of childbearing age can be attributed to PCOS. Excessive androgen synthesis by the ovaries, which interferes with the endocrine, metabolic, and reproductive systems, is the main characteristic of this multifaceted

disorder. Because of her weight, an obese woman has psychological stress, and if she has PCOS, it leads to infertility. Treating menstrual problems is therefore essential.

PCOS is a medical condition in which a hormonal imbalance causes women to have recurring anovulatory periods. Prolonged anovulation is the most common cause of infertility. Five to ten percent of fertile women have PCOS, according to most studies. In young women, the prevalence ranges from 20 to 30 percent. The prevalence of PCOS among reproductive-age women in India ranges from 9.13% to 36%.

Ritu (the ovulation phase), Kshetra (the female reproductive tract), Ambu (nutritional components), and Beeja (sperm and ovum) are the necessary elements for conception[1]. Infertility may result from any of these components not working properly. According to Charaka, the person who is infertile is called Nindya. The most frequent cause of persistent anovulation linked to hyperandrogenism is polycystic ovarian syndrome, or PCOS. PCOS is the cause of almost half of infertility in women who are of childbearing age. While the seminal study on the syndrome indicated a correlation between insulin resistance, hirsutism, obesity, polycystic ovaries, acne vulgaris, acanthesis nigricans, and amenorrhea/oligomenorrhea, it impacts follicular growth[2].

The Kalpa sthana name Revati Kalpadhyaya, found in the accessible section of Kashyapa Samhita, represents a distinct chapter. This chapter describes thirty distinct types of revatis (Jataharini) that cause diverse problems and affect women at different times, as during menstruation or pregnancy. These are regarded as contributing elements. It is possible to cure Pushpaghni, Andaghni, Durdhara, and Kalaratri Jatiharini. Among these, Pushpaghni Jataharini exhibits lakshanas that resemble PCOS's clinical characteristics[3].

JATAHARINI NIRUKTI[4]

Jataharini means – Jata + Harini

Jata = the word meaning of Jata is just born.

Harini = means distructing, killing

Thus, Jataharini destroys vapu, garbha, jata, and jayamana creatures, especially asuras, adharmika people, and their offspring. She also causes the elimination of pushpa (menstruation).

Paribhasha:

Vrutha Pushpam tu ya yathakalam prapashyati I

Sthulalomashaganda va Pushpaghni Sa api Revati II

(Kashyapa Kalpasthana 6/33)

1. Vrutha pushpam – Anovulation, fruitless / without conception
2. Yathakalam prapashyati – Menstruating regularly
3. Sthula – Obesity
4. Lomasha ganda – Hairy chin / hirsutism

SAMPRAPTI[5]

The Kapha-Vata doshas will become vitiated as a result of Nidan sevana. The pushpaghni – Jataharini is a result of these doshas flowing through body burdens into the Aartavavaha strotasa, primarily the antah phala.

Poorvarupa And Roopa:

Yathakalam na Pushyati I
Bhrashtasatva Nirutsaha Kukshishoolanipidita II *Bhavatyapriyarupaa ch Tastai Rogerupdruta* I *Viparitasamarambha Viparitanishevane* II

(Kashyapa Kalpasthana 9/26-27)

Yatha kalam Na pushyati – Absence of nourishment at appropriate time.

Brashta satva - Instability of mind.

Nirutsaha – Lack of enthusiasm

Kukshishoola – Pain abdomen.

Bhavati apriyarupa – Displeasing looks.

Vipareeta nishevini – Consume incompatible food items.

Kulakshayam – Destruct her family.

Vishishta Lakshane:

Pushpaghni – Jataharini presents typical clinical features –

Vrutha pushpam – Destruction of Pushpa. *Yathakalam prapashyati* – Menstruating regularly. *Sthoola* – Obesity.

Lomasha ganda - Hairy chin and cheeks

Thus, according to the aforementioned clinical characteristics, a person who consistently has menstruation but is linked to anovulation—along with additional characteristics of obesity and hirsutism—can be classified as Pushpaghni – Jataharini.

PCOS[6]

In women of reproductive age, polycystic ovarian syndrome/disease is a heterogeneous, multisystem endocrinopathy characterized by ovarian manifestation of many metabolic disorders and a wide range of clinical symptoms, including obesity, irregular menstruation, and hyperandrogenism. In 1935, Stein-Leventhal syndrome was identified as this condition. Adrenal and androgen secretory ovarian tumors should be ruled out in order to diagnose PCOS.

The diagnosis of PCOS is determined by exclusion of other medical conditions and the presence of two of the following conditions:

- Oligo-ovulation or anovulation (manifested as oligomenorrhea or amenorrhea)
- Hyperandrogenemia (elevated levels of circulating androgens)
- Hyperandrogenism (clinical manifestations of androgen excess)

- Polycystic ovaries detected by ultrasonography.

Etymology:

The word Polycystic Ovarian Syndrome is composed of four words. They are – Poly – means many or multiple

Cystic – means an abnormal sac containing fluid

Ovary-female gonads

Syndrome- Group of symptoms

As a whole Polycystic Ovarian Syndrome can be considered as the presence of multiple cysts in the ovaries characterized by a group of symptoms.

The Mean Incidence of Presenting Symptoms of PCOS:

1. Infertility (mean incidence 74%)
2. Menstrual irregularity (mean incidence of dysfunctional bleedin 29%, mean incidence of oligomenorrhea is 85-90 %, mean incidence of amenorrhea is 51%)
3. Androgen excess (mean incidence of hirsutism 69%, incidence of acne 30%, mean incidence of alopecia 8%)
4. Acanthosis nigricans (mean incidence 1-3%)
5. High FSH:LH ratio (mean incidence of 55-75%)
6. Insulin resistance (mean incidence of 60-70%)
7. Obesity (mean incidence of 60-70%)
8. Gestational diabetes mellitus (mean incidence of 8%)

Epidemiological Factors:

1. Age.
2. Socio- economic status.
    A. Age: - Among women between the ages of 15 and 45 who are of reproductive age, PCOS is one of the most prevalent conditions.
    B. Socio- economic status:- High socioeconomic status is linked to a higher prevalence of polycystic ovarian syndrome in a group with ethnically homogeneous PCOS

Table 1 PCOS Phenotypes as per Rotterdam's Criteria

PCOS symptoms	Oligo/anovulation	Biochemical (hyperandrogen)	Polycystic ovaries in USG
1. Severe PCOS	+	+	+
2. Ovulatory PCOS	+	+	-

3. Oligo-anovulatory & hyperandrogenemia	-	+	+
4. Mild PCOS	+	-	+

Pathology:

Both ovaries are enlarged macroscopically, however one ovary with PCOS is also indicative. A thick tunica albuginea capsule is visible in the ovary. Although the peritoneal surface is adhesion-free, the ovarian surface may be lobulated. Several cysts (at least twelve) ranging in size from 2 to 9 mm are positioned sporadically throughout the ovary's surface, giving it an ultrasound-depicted "necklace" look. These follicles are persistently atretic. The ovary's rise in size, amounting to a volume of more than 10 cm^3, can be attributed to theca cell hyperplasia and stromal hyperplasia.

Clinical Signs:

1. Young woman
2. Central obesity
3. BMI .30 kg/cm2
4. Waist line - 88 cm
5. Oligomenorrhoea, amenorrhoea
6. Infertility (20%)
7. Hirsutism
8. Acanthosis nigra due to insulin resistance. Thick pigmented skin over the nape of neck, inner thigh and axilla.
9. Fasting insulin - 10 mIU/dl

Examination:

1. Obesity, especially waistline. Waist over hip ratio 0.85 is abnormal, 50% women are obese.
2. Body mass index between 25 and 30—overweight and above 30—obesity
3. Thyroid enlargement.
4. Hirsutism and acne.
5. Hyperinsulinaemia which may manifest as acanthosis nigra (5%) over the nape of the neck, axilla and below the breasts. 75% obese women reveal hyperinsulinaemia.
6. Blood pressure in obese women.

Pelvic findings are normal and it is not common to palpate the enlarged ovaries. For the diagnosis of PCOS, the Rotterdam criteria (2003) suggests that at least two out of three criteria should be present. These criteria is:

1. Oligo/amenorrhoea, anovulation, infertility

2. Hirsutism–acne
3. Ultrasound findings

PREVENTION:

It is now recommended that PCOS be appropriately treated as soon as possible due to the awareness that PCOS has long-term detrimental impacts (threefold) on a woman's health, including diabetes, hypertension, cardiovascular disease, hyper-lipidemia, and endometrial cancer. Later in life, this woman should be monitored for these conditions. Adolescent obesity must be prevented and treated. It should be advised to alter one's lifestyle.

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